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APPLICATION NO.	FILING DATE	F	IRST NAMED INV	/ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/788,852			Marika L. Cisnero		SAA207	6849
TITLE OF INVENTION: E	BREAST PROTECTION DE	VICE FOR A NUR	SING MOTHER			
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	. \$700	I	\$0	\$700	03/29/2005
EXAMINER		ART UNI	т	CLASS-SUBCLASS		
HALE, GLORIA M		3765		450-037000		
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unles	ation (or "Fee Address" Indica or more recent) attached. Use D RESIDENCE DATA TO B s an assignee is identified be n 37 CFR 3.11. Completion of	e of a Customer E PRINTED ON Telow, no assignee cof this form is NOT	or agents OR, a (2) the name or egistered attory of the control o	f a single firm (having as a ney or agent) and the nam tent attorneys or agents. If will be printed. int or type)	a member a 2a mes of up to no name is 3a mee is identified below, the d	ocument has been filed for
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a. Applicant claims S	s (from status indicated above SMALL ENTITY status. See o is requested to apply the Issu Publication Fee (if required) veods of the United States Hate	37 CFR 1.27.	b. Applicant i	s no longer claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).
Authorized Signature Typed or printed name OverAt Lingberk			Date 2/17/05 Registration No. 34/86/			
This collection of informati an application. Confidential submitting the completed a	on is required by 37 CFR 1.3 lity is governed by 35 U.S.C. application form to the USPT	11. The information 122 and 37 CFR 1 O. Time will vary	n is required to ob .14. This collecti depending upon t	otain or retain a benefit by to on is estimated to take 12 he individual case. Any co	the public which is to file (and minutes to complete, includir formments on the amount of time	d by the USPTO to process) ag gathering, preparing, and me you require to complete

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